## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXP	PENDITURES		PAGE	OF
			FOR L	INE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
			С	
Full Name (Last, First, Middle Initial) of Payee		Purpose of Ex	penditure	
		-		Category/
Mailing Address		Name of Fede	eral Candidate	Type supported or
City State Zip Code		opposed by ex		supported of
,	'			
		Office Sought:	: House	
Date	Amount		Senate	
M M / D D / Y Y Y Y			Preside	
			State:	District:
Full Name (Loct First Middle Initial) of D		Check One: Purpose of Ex	Support	t Oppose
Full Name (Last, First, Middle Initial) of Payee		l dipose of L	крепаните	
				Category/
Mailing Address		-		Type
		Name of Federal Candidate supported or		
City State Zip Code		opposed by e	xpenditure:	
		000		
		Office Sought:		
Date	Amount		Senate Preside	ntial
Full Name (Last, First, Middle Initial) of Payee			State:	District:
		Check One:	Support	
		Purpose of Ex		
		-		Category/
Mailing Address		Name of Fede	aral Candidata	Type
City State Zip Code		Name of Federal Candidate supported or opposed by expenditure:		
		Office Sought:	: House	
Date	Amount		Senate	
M - M / D - D / Y - Y - Y			Preside	ntial
			State:	District:
		Check One:	Support	t Oppose
(a) SUBTOTAL of Itemized				
Independent Expenditures				
Independent Expenditures	1			
(c) TOTAL Independent Expenditures		<b>•</b>		<del></del>
	dependent expenditures reported herein were n idate or any authorized committee or agent of			
	Date	M = M /	D D / Y	- Y - Y - Y
Signature	Date			